Suffolk County Community College  
Selden, New York  11784  

Form Bl  

EVALUATION OF CLASSROOM FACULTY  

Name of Faculty Member__________________________________  Rank__________________________

Discipline_____________________________________________  Campus____________________________

Course and Section____________________________________

Name and Title of Evaluator_______________________________

Date and Time of Evaluation_______________________________

Date and Time of Post-Observation Conference________________

General Description of Type of Class (e.g., lecture, lab, discussion, performance, etc.) and  
Topic (e.g., the specific subject matter of the class session).
THE TEACHER AND THE SUBJECT MATTER

Comment On:
- Knowledge of subject matter
- Mode of presentation
- Ability to explain material with clarity and organization
- Willingness and ability to re-explain information, to answer questions, and to draw upon additional references (including use of audio-visual aids, blackboard, etc.)
- Effective use of time in class (appropriate to the needs of the students, the demands of the material presented, and the course syllabus)

A summary of this faculty member's performance in this area would be

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
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USE ADDITIONAL PAPER IF NECESSARY; PLEASE BE SURE TO INCLUDE THE FOLLOWING INFORMATION:

NAME OF FACULTY MEMBER ___________________________ RANK ___________________________

DISCIPLINE ___________________________ CAMPUS ___________________________

COURSE AND SECTION ___________________________

NAME AND TITLE OF EVALUATOR ___________________________

DATE AND TIME OF EVALUATION ___________________________

DATE AND TIME OF POST-OBSERVATION CONFERENCE ___________________________
THE TEACHER AND THE STUDENT

Comment On:
- Evidence of positive student attitude toward the course
- Encouragement of effective class participation
- Ability to meet diverse student needs

A summary of this faculty member's performance in this area would be

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Comment On:
- Evidence of appropriate evaluative standards in measuring student achievement
- Evidence of availability to the student outside the classroom
- Regular and punctual attendance and effective discharge of duties that affect students (e.g., rosters, grades, office hours, outlines, return of exams and papers, etc.)

A summary of this faculty member's performance in this area would be

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OVERALL RATING

Comment on
- Overall impression of class
- Typicality of the class (be sure to state the basis of your knowledge) e.g., context in which class appears in the course
- Specific recommendations

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I understand that I may file a written reply to any portions of this report, and that the reply will be attached to this report.

I understand that my signature on this report does not constitute agreement or disagreement with the contents.

Faculty signature_________________________ Date________________________

Evaluator signature_________________________ Date________________________

Comments attached